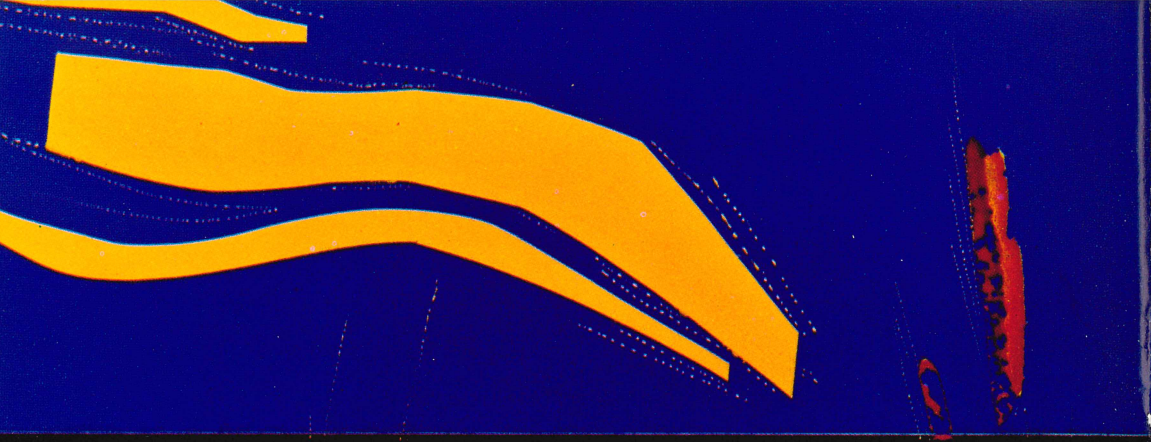
MAY-JUNE, 1964

medical missionary



Pentecost

Christ risen in glory sends His Spirit upon the Church. The creative, outgoing, Spirit of universal Love comes and kindles fires. Mighty winds fill the world. Christians, caught up "in the power of the Spirit" experience a New Pentecost. New apostles become witnesses "to the uttermost ends of the earth". The Spirit's presence is palpable again, especially now in these our times, drawing together all of us in Christ, impelling us to share that uniting love with all men, prompting us to renew the face of the earth, empowering us to transform our world into the Kingdom of God. Let us give ourselves now to the holy dynamism of the Spirit.

Sr. M. Lawrence, S.C.M.M.

THE medical missionary

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THE CHALLENGE OF EDUCATION IN EAST AND WEST AFRICA
Editorial.....66

PETER AND PAUL
Sisters M. Aloysius and Theodore.....71

WANTED: SCHOOLS OF NURSING
Sister M. deMontfort.....76

RESPONSIBILITY
Sister M. Pierre.....80

AUTOBIOGRAPHY OF A GHANAIAN NURSE
Miss Agnes Bio, R.N......82

LIVE AND LEARN IN KOKOFU
Sister M. John.....85

GUNSHOT AND MAGIC
Sister M. Marianne.....88

NEWS FROM OUR HOUSES.....90

HIGHLIGHTS AND INSIGHTS.....95

Cover: Ghanaian school girls

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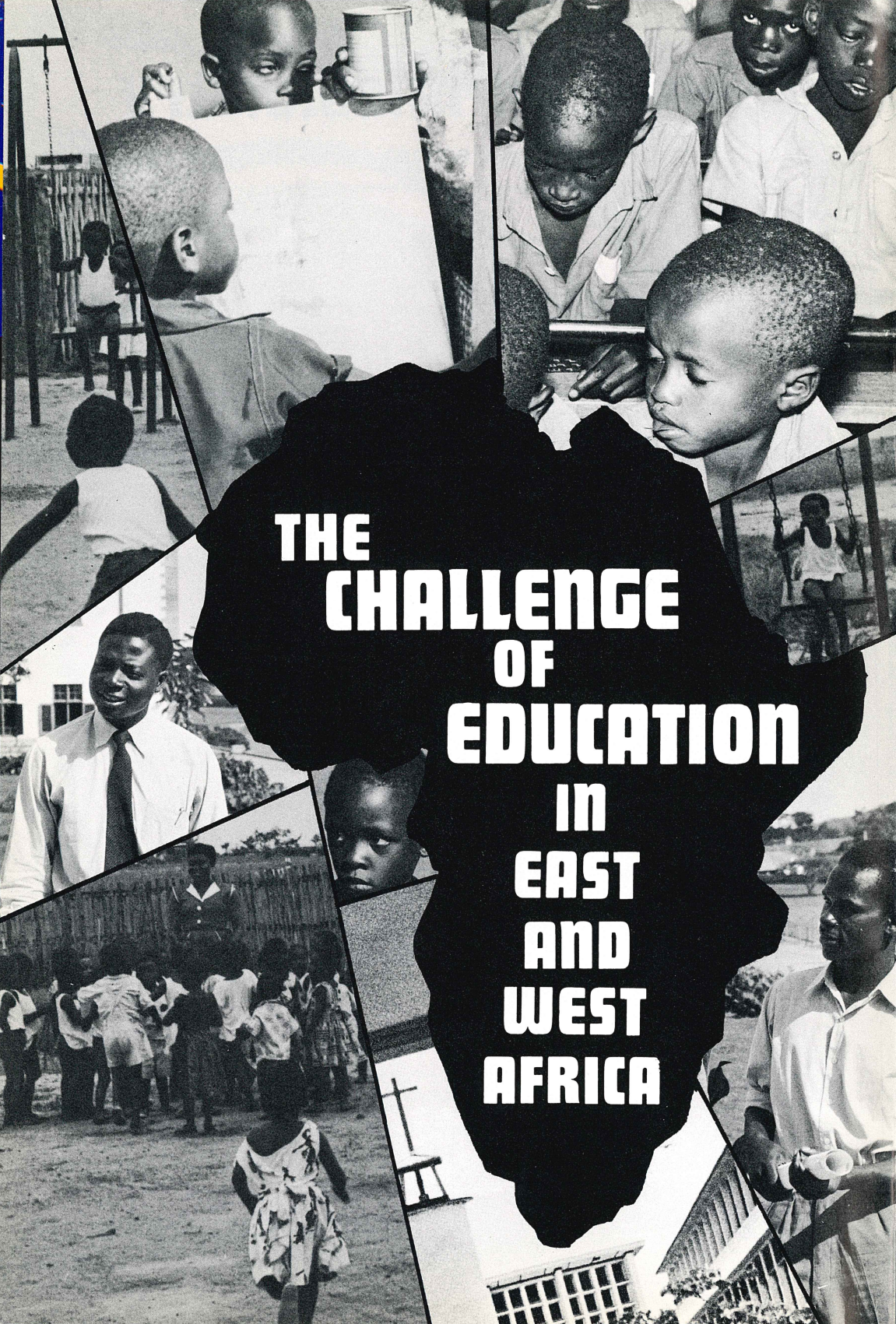
THE
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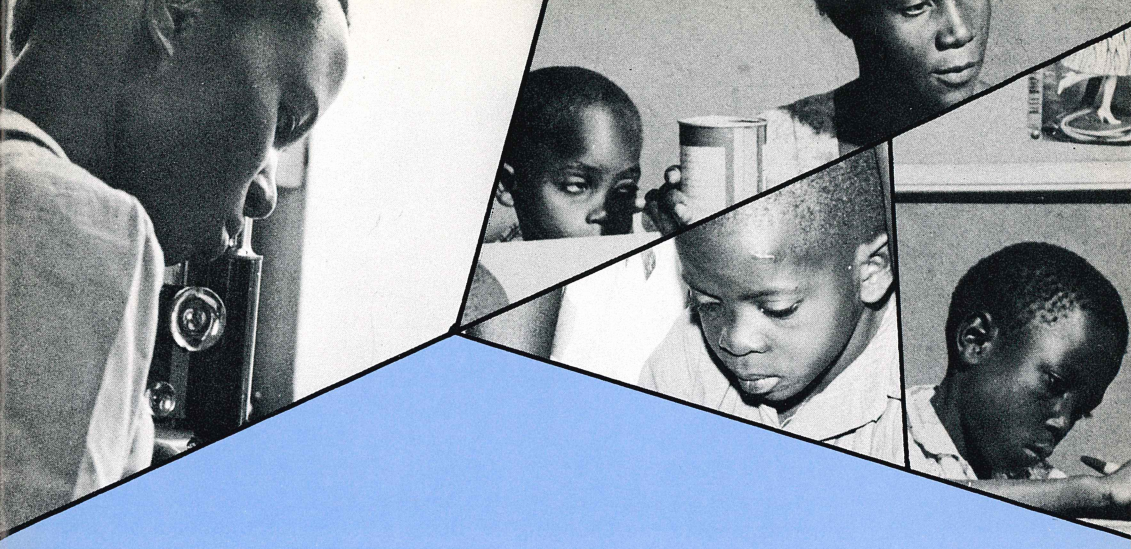


Every visitor to Africa today is struck by the African's overwhelming desire for education. Men, women and children of all ages and walks of life have suddenly become obsessed with an insatiable hunger for this great fount of opportunity. For them, it is the key opening doors to a new life, new skills, new social advancement, new status.

Formerly African tribes and communities had their own praiseworthy methods of cultural education for life within the tribe. For the last half century, however, Christian missionaries have been deeply involved in educating the African in a formal way, bringing him into contact with European or western ideas. Almost all the African leaders of today received their basic education in mission schools. There were few others. As late as 1945 it was estimated that 96.4 per cent of the pupils enrolled in school in British Tropical Africa were attending mission schools. Consequently one may say that missionaries were the pioneers or founders of education in Africa and it was from them that the African learned the revolutionary ideas of natural rights, human dignity and equality.

After World War II, the educational process took on new momentum. Colonial governments, urged on by the Africans themselves, began to set up a system of grant-in-aids for colonial education. As each new nation came into being, it set aside huge sums for education—the vital structure on which it had to build its future.

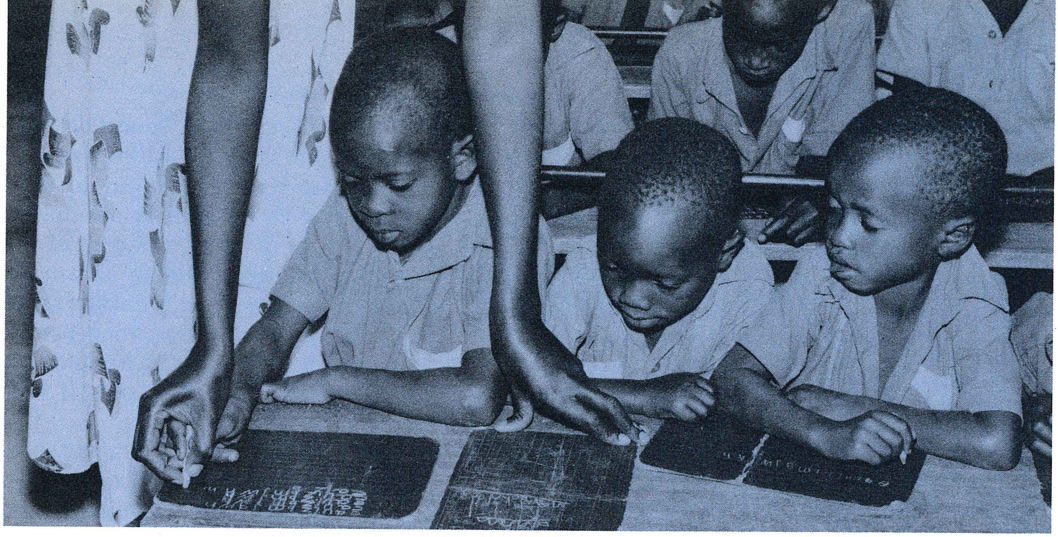
Great strides were taken between the years 1950-1960, yet it cannot be said that education has kept pace with either political events or economic development. In Ghana and Uganda, however, impressive progress *has* been made during the past ten years. Both countries are pursuing a vigorous education policy at all levels, from primary school right up to University level. A bill has been passed in Ghana making primary school education compulsory. This has still to be implemented in many spheres before Ghanaians reach their desired goal of 100 per cent enrollment. Uganda, where primary schooling is still not compulsory, but very much desired, has a 60 per cent enrollment on the primary level. At the secondary level, the lack of adequate numbers is very striking for both countries. Ghana has a 29 per cent enrollment and heads the list of African nations. Its closest rival is the western region of Nigeria with 8 per cent, followed by Uganda with 4 per cent. In both Ghana and Uganda, adult and mass education schemes were instituted some years ago and have been expanded on all sides.

Education in East and West Africa is like a pyramid. Almost 60 to 90 per cent receive a primary education but this percentage drops drastically to .2 per cent at the secondary and higher educational level. At every stage, there is an extreme shortage of trained teachers, buildings and equipment. Less than three out of every 10 University professors in Tropical Africa today are Africans. 3,000 non-African professors will be needed for 1965. Most of all, new directions and syllabuses are needed to correspond to the changing patterns of African economic and social life. Up to this point, education has been wholly based on the British system. Above all, more technical and vocational education is needed. Many graduates of primary schools feel that they are entitled to a position with some status but find no white-collar jobs available.

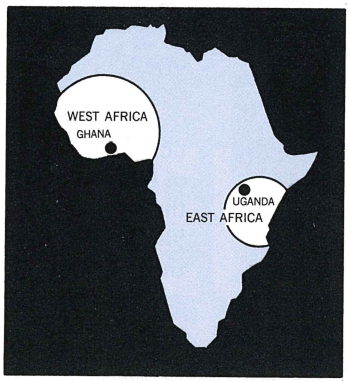
The matter of the education of girls in Africa presents a special problem. For centuries, the role of African women has been to draw the water, chop the wood and work the farms. They were looked down upon as inferior and, with few exceptions, remained uneducated. Today, girls account for less than 30 per cent of all African Primary school enrollments and only 22 per cent of secondary schools. Very, very few reach University level. This backwardness in the education of women deprives the African community of urgently needed professional skills in teaching, nursing and social services and, even when this is realized, it is going to take a long time before the pattern is changed.

Let us look at the matter of medical education in these countries. Uganda, East Africa, boasts of a medical college, Makerere University in Kampala, but it is the only medical college for the whole of East Africa which also includes Tanganyika and Kenya. The number of doctors (500) for Uganda's six and a half million people gives them a ratio of one doctor for every 10,000 persons. (In the U.S. the ratio is one doctor for every 750 persons.) Ghana, one of the more advanced of the African independent states, also has a ratio of about one doctor for every 10,000 persons. Of her 500 doctors, only about 100 are Ghanaians; the rest come from abroad. Up until last year, all Ghanaian doctors were trained abroad but in October 1964 an important development will take place with the opening of the first medical college in Ghana at the University of Accra. This medical college with the help of U.S. aid began functioning with pre-medical students last October and each year it is planned that an additional year will be added until the full course is taught.

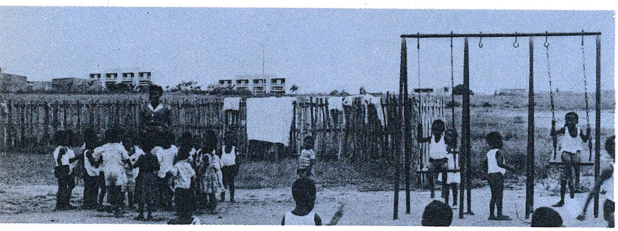
New ways to perform age-old tasks. Kumasi College of Technology teaches modern agricultural techniques.



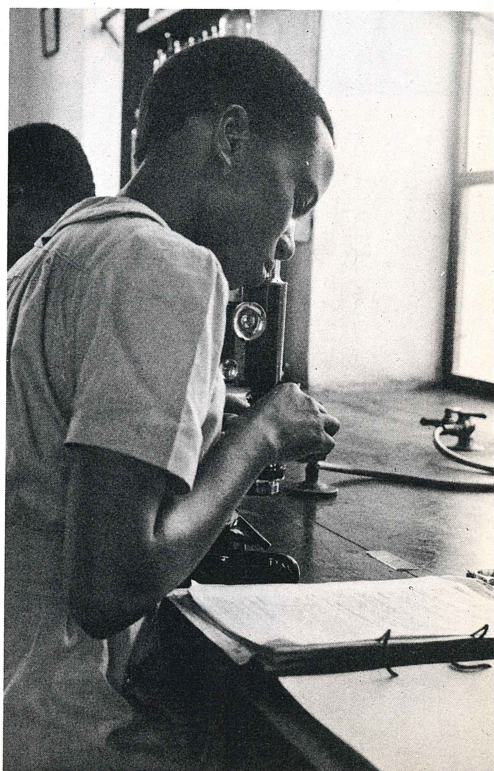
Primary school in Ghana—open door to a new life.

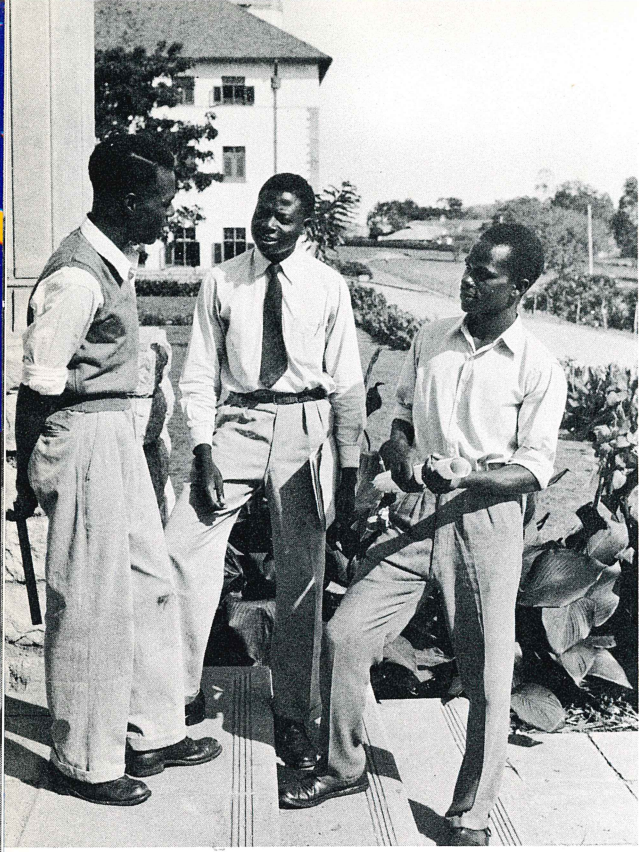


Very few African women have the chance that this young student at Uganda's Makerere University has.



Training ground for good sportsmanship.





Future leaders of Africa attend Makerere University in Kampala.

The first nurses training school in Ghana was opened in 1944. Today, trained nurses number over 1500—a ratio of one nurse to every 5,000 persons. In another related field, Ghana can be justly proud of its College of Pharmacy, a part of Kwame Nkrumah University. This year, the University will confer the Bachelor of Pharmacy degree on its first seven graduates. They will join the more than 350 pharmacists who have received their education abroad and are now registered in Ghana. This is the outlook in two of the more advanced newly emerged nations. It is no wonder that there is an acute need for educating more doctors, more nurses, more pharmacists and more technicians in every African nation without exception.

The challenge that education presents to the whole of Africa revolves around that continent's need to train the mass of its population and to develop in them an understanding of the forces of change operating all around them. How important it is to keep those forces from falling into wrong hands. Professor George H. T. Kimble, an expert on African affairs, puts it very succinctly:

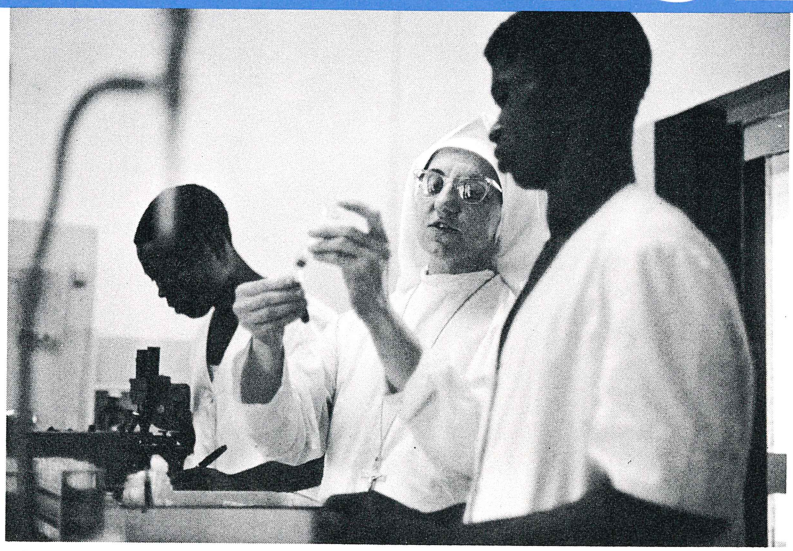
"Without a corps of trained professionals, admittedly, no country can bridge the gulf between disease and health, poverty and prosperity, or between the world of superstition and the world of reason. But without an enlightened citizenry there is no guarantee that any country can resist the seduction of materialism, communism or any of the other sirens of our time—or even the blandishments of the first spellbinder to gain control of the radio or the press."

This brief consideration of Africa's educational problems gives some indication of the challenges that confront those engaged in the medical mission apostolate on this huge continent.

The Medical Mission Sisters in Ghana and Uganda are as anxious to teach as Africans are to learn. Teaching goes on in practically every department of the Sisters' hospitals, from simple instructions to patients regarding proper nutrition, hygiene and health care, to the well organized courses available for pharmacy and laboratory assistants. However, it is the schools of Nursing and Midwifery that are most appreciated. They are in the front ranks with those who are pioneering in nursing education in the two new nations. They are helping to train young Ghanaian and Ugandan women who will form part of the corps of trained professionals so much needed for the health and welfare of Africa.

Peter gives directions to the patients during rush hour at Holy Family Hospital, Techiman, pharmacy.

PETER AND PAUL



Paul is the student; Sister M. Aloysius is the teacher, sharing her scientific knowledge.

A hospital educates in many ways, on many levels, not just doctors and nurses, but equally vital, the paramedical personnel. From Holy Family Hospital, Berekum, Ghana, Sister M. Aloysius, laboratory technician, gives us a rundown on the "school" that goes on every day in her department; sixty miles away, in Holy Family Hospital, Techiman, Sister-pharmacist, Sister M. Theodore, tells us about Peter Kofi Munufie, learning pharmacy Ashanti style.

It's nice to be able to say it . . . that one of the big reasons students come to us here in Berekum for laboratory training is their desire to learn some work to help their own people. That desire, an intense hunger for knowledge and a need to earn a living are the three main motivations I have discovered over the years. Most of the students have had no previous science training, so they have no illusions about being great scientific whizzes one day. Paul has possibilities. . . .

He's been with us awhile now, does the routine work and is very clever with languages. Besides his native tongue, Ewe, he knows Twi, French (he was educated in French Togoland) and has a fairly good knowledge of English. American slang and certain expressions intrigue him and he takes every opportunity to use them.

One afternoon I returned to the lab about 4:00 p.m. to find none of the charting done, all the glassware yet

The laboratory doubles as a classroom at Holy Family Hospital, Berekum.

Hands learning to help others.

unwashed, nothing in order. I began to scold but stopped short at the look of surprise on Paul's face. "Why, Sister," he exclaimed, "you don't seem to realize we hit the *jackpot* today—in work!!" He was right. I put on an apron and began to help him and we finished together before supper. Paul, I repeat, has possibilities. . . .

For most of the students who apply for lab training, the completely new and unfamiliar vistas and ideas presented in their early days completely fascinate them. Yet eagerness, a healthy curiosity and a desire to please insure rapid progress in the beginning of the course. The boys—and our students are all boys—have an ability to imitate and a natural poise in meeting new situations that stand them in good stead in working with the patients. They would have been nonplussed at a situation that happened to me last week.

I was explaining to a donor that he was the right type to give blood for his relative but he interrupted me by saying, "I have a certain sickness and would like the Doctor to examine me first." I told him that if he would tell me about the sickness, I would see if it were serious enough to keep him from giving his blood. "Sometimes," he said to me very earnestly, "I am standing still and I get very warm and then my watch stops." I thought I had misunderstood him, so asked one of the students to start the conversation over again in Twi. "It is true, Sister," the student explained, "very often his watch stops for no reason at all." "Aaah!" I said, "We will take a chance; that doesn't seem too serious. Are you willing to try?" He said, "I will try, Sister."

We took the blood, 500 cc., and the watch continued to tick away through the whole operation. At the conclusion, we gave the donor a dose of iron tonic for good measure and everyone went away satisfied with the day's affairs.

The three year course outlined for our lab students is a big challenge for most of them, mainly because they are handicapped by a lack of ease with English. They put their mind to the work, however, and study hard. By the end of the first six months, they can

perform a few routine tests, do charting, pick up blood specimens and prepare slides which are later examined by the senior technicians.

Three months later, they are able to prepare for transfusions, take the blood from the donors and do this with accuracy, a sense of responsibility and pride. Microscopic work and a study of the theory behind the practical and technical procedures they have mastered begin at the end of the first year.

The lab students take English, basic arithmetic and anatomy along with the student nurses here in Berekum. A course in general science is also offered which aims at supplanting their lack in this field. It gives the boys an appreciation for scientific thinking, accuracy and truth. The second year includes theoretical courses in urinalysis, hematology and parasitology. Bacteriology and chemistry are reserved for the third and final year.

A regular salary is paid to the student technicians during their three years, with an increment every six months. Many of our boys marry during this time.

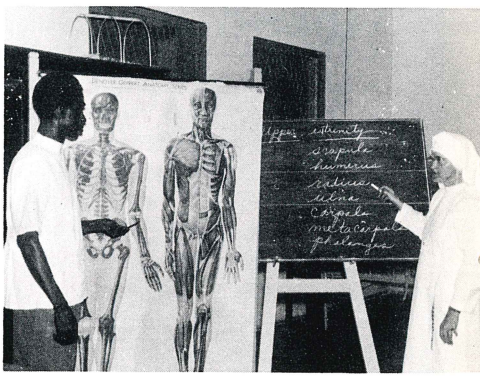
At the end of three years, having made their way into a field of work carrying respect and importance, they are justly proud of themselves. We usually encourage the boys to stay on with us or work in another mission hospital for another two years, in order to continue to guide and show them that learning does not automatically cease with the receipt of a certificate. When they leave our hospitals, many of the students move into government institutions where their influence toward good —both scientifically and morally—is a real asset to their young nation. Sometimes I like to boast about *our* boys!

PETER KOFI MUNUFIE had just finished Standard Seven (a basic requirement) when he came, application in hand, to train as a Dispensary Attendant. Tall, intelligent, with an eager, flashing smile, he was all of sixteen years and really wanted to learn.

Sometimes, applicants list other qualifications besides having passed Standard Seven which they feel would be of interest to us. A recent one put down "proficiency in the 50-yard dash." (At least, he had the idea he might have to step lively in his new role!)

To begin with, Peter and I went over the basic nomenclature of our equipment. This was his first mountain to climb! Graduates, beakers, flasks, stirring rods—all of these were foreign terrain. Only the mortar and pestle were familiar soil, because every well-fed Ashanti uses a large wooden one in the daily preparation of his main dish, *fufu.*

Next came weights and measures. The Ashanti people have a rich heritage in the art of measurements in their own delicate and beautiful gold weights, but in Peter's own every-day life, weights and measurements of precision were another strange path. A cigarette tin's worth of rice, a calabash of shea butter, a beer bottle of kerosene—these were the usual market measures that Peter knew, and the minims, milliliters and



Sister M. Cephas unravels mysteries in anatomy class.

drams of Pharmacy were a new challenge to his mind and eye.

Peter's third step was into the forest of prescription jargon. After practice with "flash cards" and old prescription records, he found his way through the maze of directions and soon was able to translate the Doctors' "b.i.d.," "t.i.d." just like the Doctor ordered!

Then on to prepackaging. This was an open clearing in his journey, because at last it gave him contact with the medicines, let him see the sizes and shapes, and learn to associate those Chloroquin and Vitamin tablets on the prescription charts with the gleaming white, tan or red medicines before his eyes.

Meanwhile Peter observed me in the actual dispensing, and finally the day dawned when he was able to help with the dispensing himself. After he selected and labeled each patient's prescribed medicines, I would check each item for accuracy, and Peter would give the verbal directions to the patient. The goal reached at last . . .! However, he had really only begun, because every day Peter learned a bit more about what he *didn't* know and turned to me for the answers to the ever new questions presented by the patients:

"Can I still drink palm wine if I take this Medicine?"

"Does this medicine hate anything?" (The pagan fetishes often have certain taboos which the amulet "hates" or must avoid, so perhaps this medicine has some, too.)

There were pitfalls that only experience kept him from stumbling into. On market days, for instance, when the prenatal patients were anxious to get to the market, Peter really had to be all eyes and ears. Unless he demanded their ticket to see if it corresponded to the name called, some gay lady would blithely answer to another's name and contentedly amble off with her neighbor's iron tablets. After all, they both came to the same prenatal clinic. What's good for Akua must be good for Akosua, too! Children of the same age, with the same name and from the same village were also snags along the way, but learning to be on the lookout for these were part of his training.

Gradually, in this day to day manner, Peter received a "course" in dispensing and a similar training later in the manufacture of miscellaneous preparations such as ointments, emulsions, tinctures, syrups, and so on.

Even while he was learning, Peter was a very real asset in the pharmacy and of service both to me and to his fellow Ghanaians.

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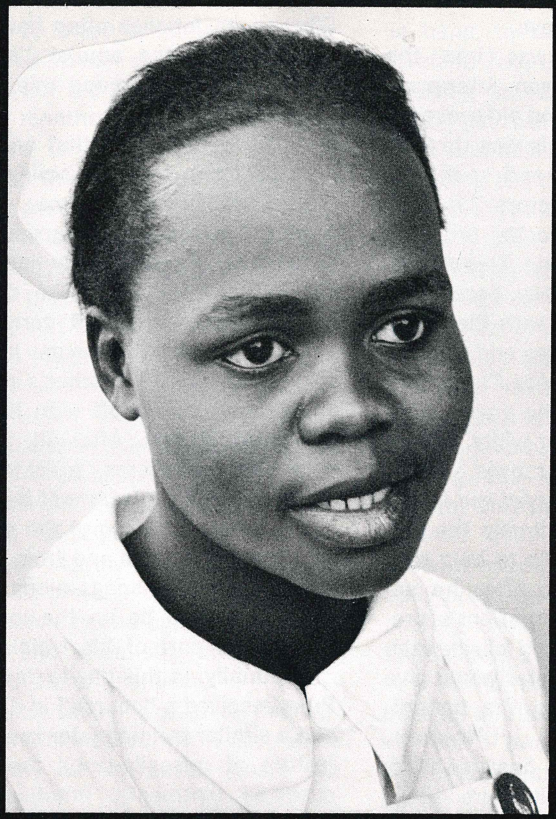


Student nurse, Holy Family Hospital, Fort Portal.

WANTED:

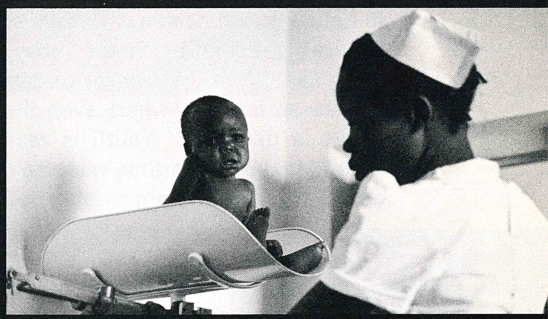
SCHOOLS OF NURSING

By Sister M. deMontfort

Demonstration class.

Making rounds with the doctor.

A weighty matter for both nurse and patient.



Holy Family Hospital Accepts the Challenge

In many respects, education has made great strides in Uganda. Most villages can boast of a primary school. Junior Secondary, Senior Secondary and Teachers' Training Colleges are distributed throughout the provinces. Unfortunately, nursing education has not kept pace with other educational institutions. Until this year, the country's sum total of nursing schools, three in all, were concentrated in the Eastern Province in the area of Kampala, the capital city of Uganda.

What did this mean to our Batoro girls here in Fort Portal, Toro, in the

Western Province? . . . or to the Mukiga from Kigezi, the Munyankole from Ankole, the Munyoro from Bunyoro—all in the Western Province? To them it meant that any desire to become a nurse would probably never be fulfilled. Parents are reluctant to permit their young girls to go to a strange area, the Eastern Province, some 300 miles away. Most of the parents have never ventured outside their own province, much less would they think of their daughters doing so.

Shortly after our arrival in Fort Portal, many young girls came to tell us: "We want to become nurses. We want to help our own people who have so few to care for them. But, Sister," they went on to say, "It is difficult for us to go to a place so far away where even the language is different." Youth is realistic. A new language at a time when so many other new and different things are to be mastered can be a real stumbling block.

It was not surprising then that word spread rapidly:

"Holy Family Hospital School of Nursing will open its doors in January of 1964!" It wasn't necessary to campaign for candidates. Our file has applications dated from the very days of our arrival.

Our first twelve pre-nursing students represent four different tribes of the Western Province. The student nearest to home walked one mile, accompanied by her mother and brother, on the day of entry. Frediana, on the contrary, arrived the following morning, full of apologies because two of the several buses she had to take broke down enroute. She had started her 80 mile trip three days in advance, instead of two, so she would be sure to arrive in time, but the unexpected had surpassed even her own foresight.

All beginnings are hard. Although these initial weeks show great promise, problems will, no doubt, present themselves. They will have to be solved in the light of past and present experiences. Our experience in Ghana, where we have already established nursing schools, has proved a valuable asset. It has enabled us to foresee some of the difficulties and ward them off. We have admitted as candidates only those of an academic standard who will be able to cope with the study program. For the present our entrance requirements are

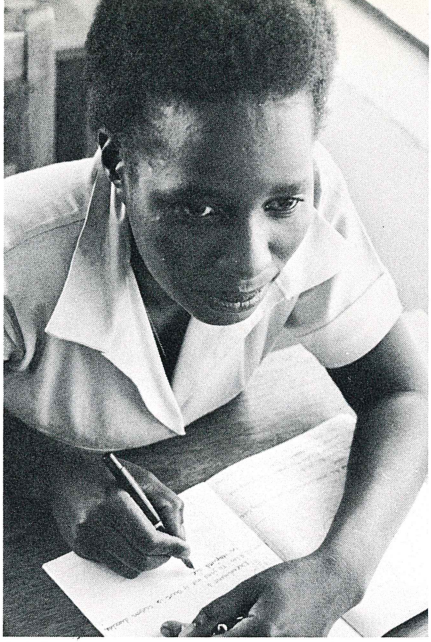
Off duty recreation.

that the student have one year of schooling after she has received her junior secondary certificate. In a few years, as more emphasis is placed on Senior Secondary School, we hope to make the Senior Secondary School certificate a requirement for admission.

In order to accommodate our program to the present educational standard, the students are accepted into a pre-nursing program. During the first six months, academic subjects such as English, mathematics and biology receive the greatest stress. These subjects will prepare the girls to follow the nursing program.

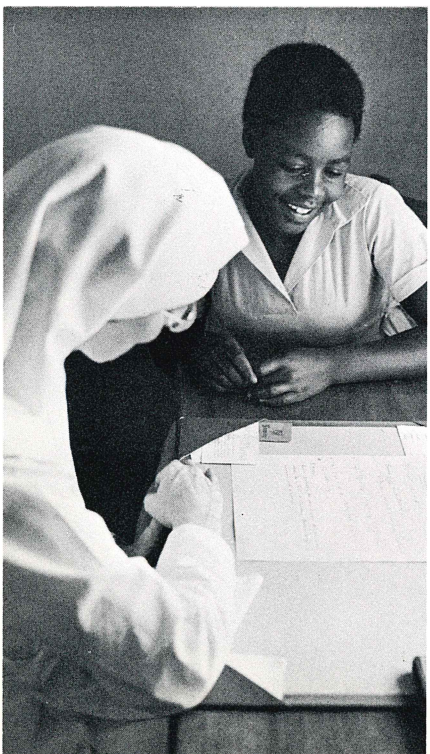
There is great scope in the Western Province for medical development. Trained nurses are a real need. Our weekly medical safari to Bwamba, an area with 65,000 people with absolutely no resident medical personnel, as well as our safari to Buscongora with its 60,000 people, bring this fact home to us in an unforgettable way.

To be of service to others is something inherent in our people. This service, by the very nature of the tribe and clan structure, was previously restricted to members of one's own group. With the advent of Christianity, this service is now all embracing and extends to all peoples. Daily, by word and example, we strive to inculcate this Christian principle in our nurses.



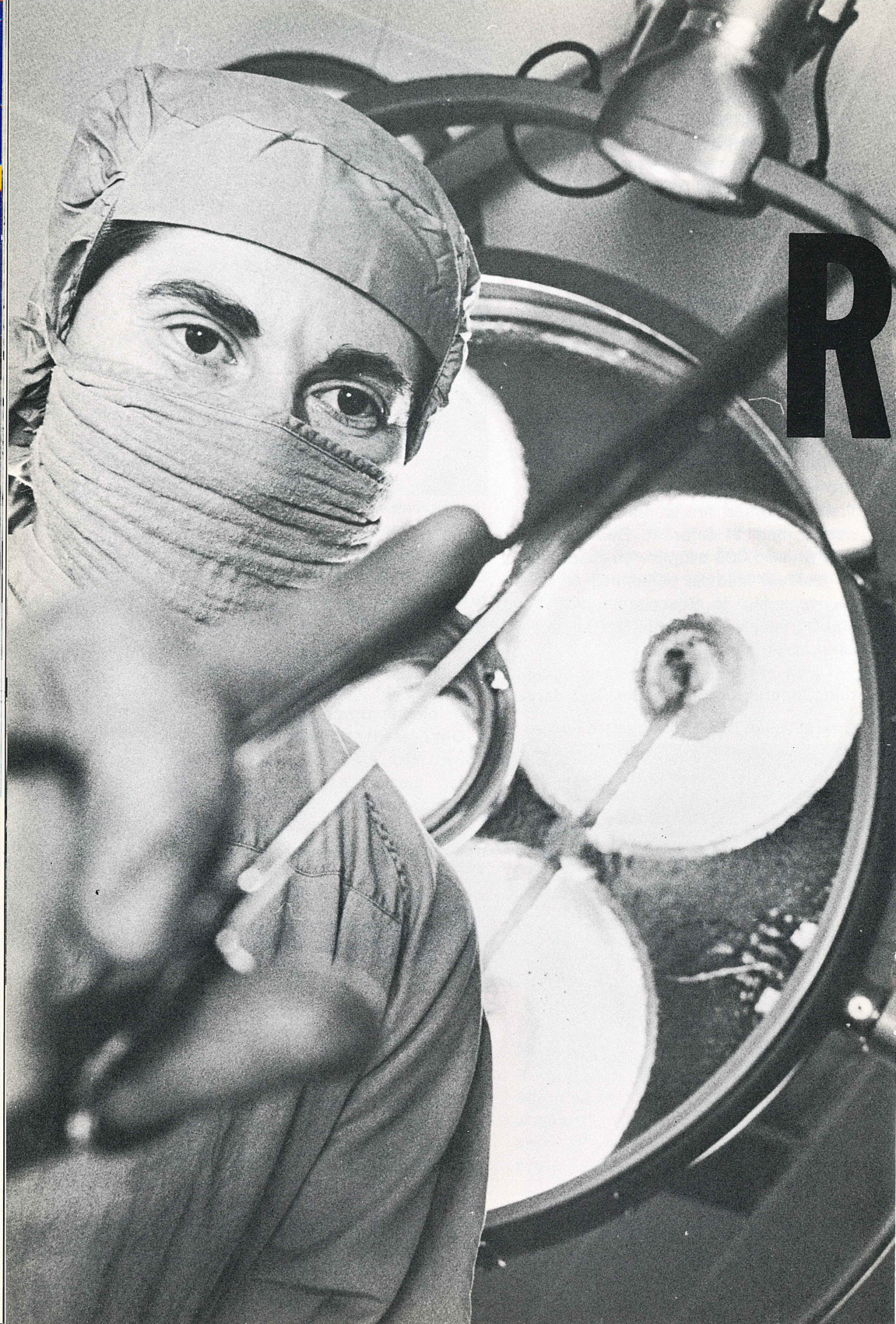
It takes study as well as practice to become a nurse.

Sister M. Amata is both counselor and teacher.



Our present staff members have been drawn from areas outside Fort Portal, which means that they are working among a people who are not, so to speak, their own. Their devotion to the individual patient is very sincere. Their respect for the aged is exemplary and their interest in their patients' everyday problems is keen.

Although nursing education is not as highly developed here as in some other newly independent countries, a rapid change is foreseen in the next few years. A recent educational commission has outlined a program for more education for girls. In this new program, nursing education will take its proper place and the professional nurse will be able to take her place among her counterparts of other nations.


R

esponsibility is a word....

that never knew a childhood. Maturity is of its essence. There was no need to grow up.

Responsibility means not just to look but to see—and not just to see, but to reach out and grasp.

It is not a passive word. It takes something on itself. It wills to bear a burden.

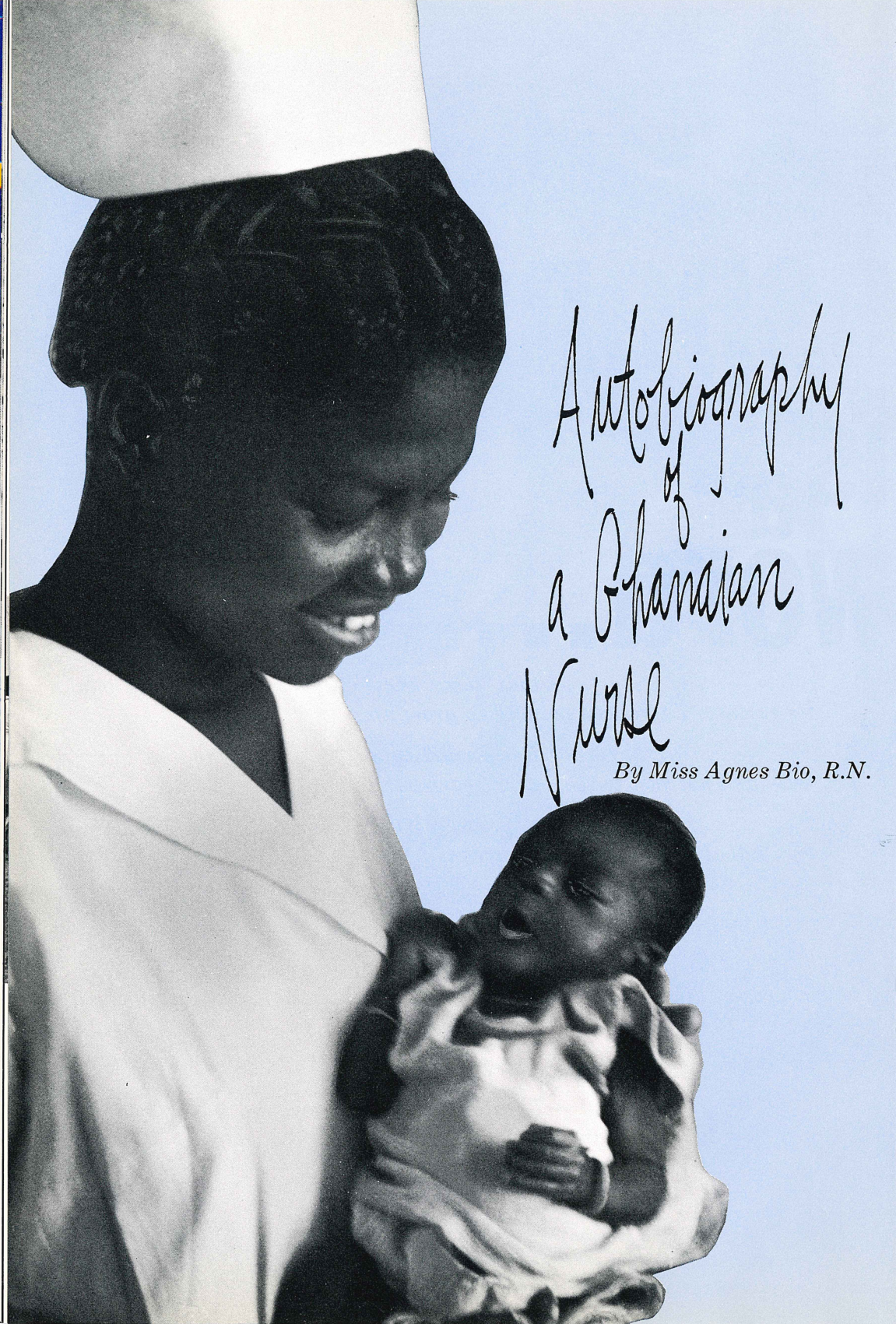
Some men can never know responsibility, because they do not know themselves . . . or God.

Some men do know responsibility. They have looked within, seen the gift and turned in humble acceptance to God.

With eager, outstretched arms, they lift the weight they must carry.

They go, to the very ends of the earth, to be neighbor to every man, to be responsible, to be missionaries.

MEDICAL MISSION SISTER SURGEON.



Autobiography of a Ghanaian Nurse

By Miss Agnes Bio, R.N.

"In the Eastern Region of Ghana, West Africa, my home town of Old Juaben is situated. In my town we have many tribes, some of whom have migrated from other areas of Ghana. My twin sister and I were born in 1940 of Ashanti parents.

"My sister was born first and called Atta Kuma (the younger twin). According to Ashanti custom, the Chief always comes last. In a procession, the people are sent ahead of the Chief to prepare the way for him and in times past, when the Bush was very thick, they really had to clear a path for their Chief. In the same way, the first-born of twins is considered to have been sent to prepare the way for the second. And so I was called Atta Panyin (the elder twin) Bio (to come again). I did not receive the Christian name of Agnes until I went to school.

"I haven't any brothers. My father became a Christian when he was a young man and he became a member of the Anglican church. My mother is a Methodist.

"My father died when we were six years old so we stayed with my mother until we were seven and one-half years. At this time my sister and I started attending the Methodist Primary School. Because of this I was now considered to be a Methodist, as we usually adhere to the religion of the school we are attending. Due to the death of my father, my uncle (maternal) took the responsibility of our financial care. Unfortunately, my uncle also died while we were attending Class 4 (Primary). As education was not compulsory in Ghana, in 1952, my sister decided to discontinue her schooling, so she was allowed to do so. My grandmother now took care of all finances. I was the only fortunate one in the family to be educated.

"As we are from a royal family of Ashanti, my grandmother was elected the Queen Mother of Koforidua and my uncle was elected the Chief. Koforidua is about 138 miles from Old Juaben. My grandparents, my mother and my uncle went to live in Koforidua and I was allowed to stay in Old Juaben with an elder sister in order to continue my schooling. My older sister is a farmer and sells Kenkey (African food of fermented corn). She also had four children of her own to raise so I had to help out with duties. I walked one mile each morning to carry water from the riverside as we haven't any running pipe-water in the village. In order to have an adequate supply for the day, I had to make four trips to the river, carrying the bucket of water on my head. About three times a week I had to go to the farm to bring firewood; therefore, on these days I made *one* trip to the riverside, otherwise, I would be late for school. On Saturdays there wasn't any school so I went to the farm for firewood and food, after washing my school uniform. About 3:30 p.m. Saturdays, I helped my sister to sell Kenkey, after which I took her children to the river and gave them all their baths and then brought water home.

"I remained living with my elder sister until I attained Form I at Juaben Methodist Middle Elementary School. I attended this school for only two semesters when I decided to transfer to a school at Koforidua where I would be with my grandmother. At this time my mother was living in Accra with her second husband. I went to St. Agnes Catholic Girls' School in Koforidua, which is directed by the Sisters of the Holy Ghost. I was a Methodist until I went to St. Agnes', but I then decided to be a Catholic. I visited my mother only when I was on school vacation. I was baptized in 1956 and was confirmed in 1957. For a short time, while awaiting results of passing the required examinations after completing Middle School, I worked as a Pupil Teacher. I did not want teaching, however, so applied to Berekum where they have a Catholic school of nursing, directed by the Medical Mission Sisters. I then took the Entrance Examinations and was called for an interview. I was very happy to hear that I had been accepted, but my grandmother was reluctant

about sending me, stating that Berekum was too far. I was quite determined to pursue this further, so I went to visit my mother in Accra and discussed the matter with her. My step-father said he would take care of the finances of school fees, etc.

"I left Koforidua on the 3rd of March and arrived very late in Berekum. At arriving there, I began to wonder if my grandmother was right, as I now realized how far I had come. The place seemed so desolate at night and I didn't know anyone. However, I was well received and allowed to sleep in the hospital that night, as it was so late.

"We went through our C.U.T. (Candidate Under Test) period and were capped after completion of this period. In January, 1960, our group took the Preliminary Examinations and all were successful, as were our predecessors in 1959. This meant that we now had two more years ahead of us. These years were happy ones. At the end of 1960, the Medical Mission Sisters had a cinema (movie) taken of their work in Berekum and I was asked to play the role of the nurse. Indeed I enjoyed this very much, although it was all very new to me. For example, one time the film men did not finish the scene I was in and said I must return in the afternoon. I did so, with my hair in a different fashion. They could not do the scene that afternoon because of this, but I did not know that changing my hair would make such a difference.

"By the time I reached my senior year, I knew I would never want any other work than nursing. After our final revision of all our nursing subjects, we were sent to Kumasi for our Final Exams (required by the Nurses' Board of Ghana). We had a nice Graduation ceremony after which we had a supper arranged by Sister M. Cephas, our directress. We were allowed to invite our guests (mostly our family attended) and it was a very happy day, as I only see my parents once a year when I go on vacation.

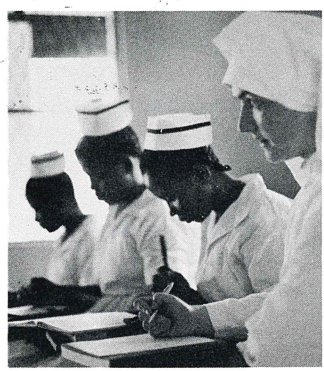
"Awaiting results of the final exams were trying days. We were all successful and the very next day I was assigned to be the nurse in charge of the wards at night. This was a new experience for me, but I soon became accustomed to it and the students respected me.

"After my night duty was finished, I was asked if I would like to study anesthesia here at Berekum. I agreed to do so and Sister Colette, our Sister-anesthetist, taught me. Soon I was managing alone in the O.R. and have been there regularly since March of 1963. I also take care of the Central Supply.

"As graduate nurses, we live here in houses maintained for us by the Sisters and are quite happy. Soon they will begin the Midwifery course in Berekum and I have applied to take this course also. After I complete the Midwifery course I do expect to marry. I want to marry a man who is educated and who is a few years older than I am.

"People in Ghana are more keen now about educating their children but, once they have become educated, they expect them to keep a status above the illiterate.

"It is possible that I may be asked to be the Queen Mother of Koforidua some day and I may have to follow this request. However, as a Catholic, I will not be able to follow some of the customs which are based on pagan beliefs."



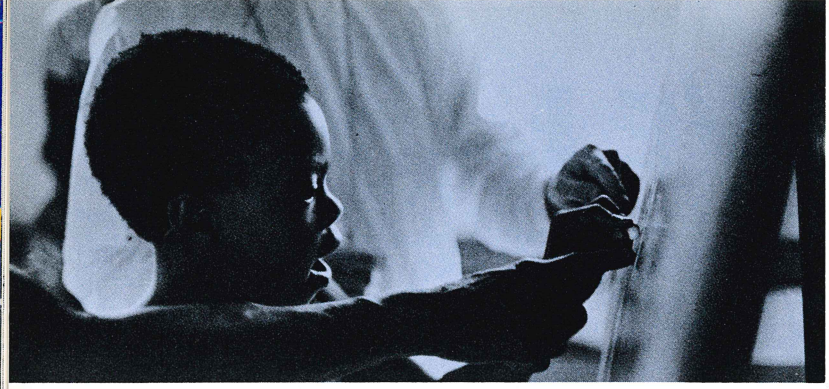
Miss Bio is second from the left in this line-up of midwifery students.

An African "coffee break."

Live and Learn in Kokofu

By Sister M. John

Once each week an old jeep rattles up to the village school and noisily announces its arrival. In a flash, the building dissolves into a flurry of excited children who run to the roadside to meet the jeep. These children—a good portion of the school's total enrollment—are leprosy patients. They get their weekly dose of medicine, which



All hands work together to learn the alphabet.

will arrest the disease in about five years, from our Leprosy Control Assistant who travels from village to village in his familiar jeep. Except for this brief, weekly interruption, these children are able to lead a normal life and attend their own village schools.

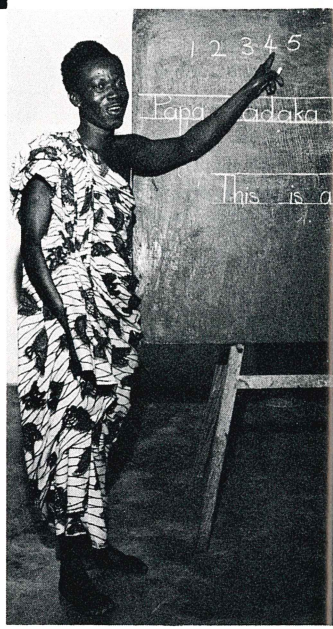
Not all children afflicted with leprosy, however, can be treated as out-patients. Some have disease complications and come to live with us in our settlement at Kokofu.

Fortunately, their schooling does not suffer from the change. The youngsters continue their education at the little school house —— an attractive, open-air building with walls built only half way, a generous slate roof supported by pillars, and two verandahs for protection from the rain and the sun. The furnishings, like the buildings, are simple: tables with benches for the students, a table-desk and chair for the teacher, a collapsible blackboard and a cupboard for books, slates and notebooks.

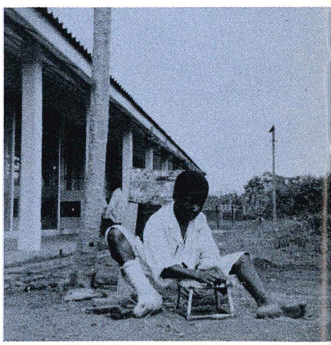
The teacher is a patient at the leprosarium. He had taught in Ghana's primary school system before he was admitted as a patient, so he meets the qualifications set by the Ministry of Education. He is our only teacher and teaches all the grades necessary—a set-up very similar to the one room country school house of colonial America. The children attend the same class that they attended in their own village school before their admission to the settlement.

The children's day begins with their dose of medicine. They down this before breakfast, which consists of a bowl of *coco*—cooked fermented ground corn sprinkled with plenty of sugar. Next in order is the morning bath. This is a must before donning the school uniform—a khaki shirt and knickers for the boys and a simple, brightly-colored starched dress with a belt for the girls.

The school day begins very early. At 7:30 a.m., classes are already in full swing. The curriculum is fixed by the Department of Education. For primary school there is the usual reading, writing, spelling and arithmetic. Formerly, these were all taught in Twi, the vernacular for the Ashanti region. Since 1959, however, the teaching of English has



Forson Kumah teaches his fellow patients of all ages to read and write.



This young man is putting his time to good use learning basket weaving.

Sister M. Isidore comes to make an announcement in between classes.

been intensified, and this language is now the medium of instruction in all primary schools throughout the country. Theoretically, that is, for much of the vernacular is still used, as many of the primary text books are available only in Twi.

For those in middle school, history of Ghana, geography, English grammar, hygiene and elementary science are added to the curriculum. These text books are all in English. Up to 1960, all books were written, edited and published by Europeans. But now text books are being revised. The primary branch of the Ministry of Education insists that text books be given a Ghanaian background. The need to relate the learning process to the child's ethnic and cultural background is keenly felt.

Our academic year at Kokofu runs longer than that of the village school because the school day is shortened by Doctor's orders. The children, although they look healthy, are not, and need more rest than normal children.

Classes run until 10:00 a.m. Each child, even the youngest, gets a notebook, pen and nib, a bottle of ink and the books he needs. From 10 to 11 there is a break for lunch. Those who are able, do agricultural work from 11 to 12. This is standard in the Ghanaian primary and middle school curriculum. Those who are not strong, go to our basketry department where they learn to make cocoa seedling baskets.

At 12 o'clock classes resume. Sometimes singing is taught at this hour and this they do enjoy. One hears their lovely child voices, in two or three part harmony, all over the administration block. At other times, this hour is reserved for art work. The art classes are simple and center around crayons or cut-outs or picture pasting in scrap books.

The last hour of the school day—1 to 2 p.m.—is for sports. Whether ping pong or volley ball, horse shoes or football, the children join in eagerly. This is a refreshing period for active minds and bodies.

Enrollment at our Kokofu school necessarily fluctuates as the students are admitted to the settlement, treated and discharged. I've seen many come and go and I must confess, I'm always happy to see our pupils leave, because I know they are headed for restored health and a normal life.

Sports are part of the program in Kokofu.

"Sister, there is an emergency in the Out Patient Department," reported Peter, one afternoon. "Two boys were shot while they were at farm. They are very frightened and fear they are dying. Come quickly."

Now, when a serious accident occurs, all of the elders of the village are informed. So it was no surprise to find the emergency room filled and overflowing out of the door and windows. The men were excited and were questioning the boys. The two victims, sitting on a bench, were dramatically showing off their injuries and telling their story.

It was all an accident. A hunter mistakenly injured them while shooting birds in the Bush. Both boys had multiple, but superficial, buck shot wounds on their arms and legs. One boy had received a piece near his eye. It was easy enough to understand how it had all happened, as the Bush is truly dense and overgrown. Yes, everyone agreed it was an accident.

Sister-Doctor explained that, as it had just happened, it would be better for the boys to remain overnight in the hospital. The elders agreed but they were very insistent that Doctor remove all the pieces of buck shot at once. Doctor tried to explain that the pieces would eventually work their way out to the surface and then could be removed easily. No harm would come from let-

GUNSHOT and MAGIC

By
Sister M. Marianne

ting the buck shot stay embedded until that time. The elders listened but were not too convinced.

Next morning, bright and early, the elders returned with determined looks on their faces. As Doctor would not agree to remove the shrapnel immediately, they would take the boys to a man of magic. He was well known and lived about a hundred miles from the hospital. Doctor had no choice but to accept their decision. It would be an expensive trip. The treatment could be very harmful and infectious. Yet off they went, rejoicing that they knew a clever man who could perform magic unknown to our Doctor.

Two days later, they returned to tell us the whole story. The man had mixed some special paste of herbs and leaves. He put a small amount over each area and said some magic words. Lo and behold, when he removed the leaves, there was the metal lying on each patch. Such a marvel to behold! Sister-Doctor stood there, with visions of leprechaun tricks going through her head. The staff marveled that such medicine could be found in the Bush, unknown to city dwellers.

When Doctor asked if she might examine each patient, they said confidently, "Why, yes, look us over." It took her only a minute to discover that the bullets were still there, undisturbed.

Eyes twinkling with delight, Doctor expressed dismay at this. Each of the elders, one by one, felt the spots and had to agree that the bullets were still there. Indeed, they had been tricked. They had paid 60 pounds (about $180!) for this magic, not counting the cost of transportation.

Amazingly enough, no one was angry or resentful at being tricked like this. There was no talk of taking the man of magic to a court of justice or even of reporting him to the police. They had risked this chance. They even admired his cleverness in tricking them. They had given him this opportunity and he had tried. They had not been cheated. He had put on a fine show for them. It would make a good story for the people of the village. The elders would tell of it as they sat around the compounds in the evening.

As for Doctor, she could now treat the two boys as she wished. In due course, the bullets came to the surface of the skin and were easily removed. Everyone was happy. We learned a lesson in tolerance and forgiveness. We also gained a better understanding of our village people.

NEWS FROM OUR HOUSES

VENEZUELA

Capping Ceremony

Our brand new School of Nursing celebrated its first milestone. Final examinations for the Pre-Clinical period were held the last week in January and, on February 1, our four students received their caps. The Capping Ceremony took place after an evening Mass offered by Monsenor Roa Perez, Bishop of Maracaibo. His Excellency blessed the caps and bestowed them himself in a paraliturgical ceremony in Spanish, which was really quite impressive.

After the ceremony, we served refreshments to the guests in the main lobby. Quite a few people sent flowers, and the other Nursing School in Maracaibo sent a representation of students, which was a very nice public gesture. After the guests left, both groups of students had a buffet supper over at the residence. This was the first real contact our students have had with other nursing students and they seemed to enjoy comparing notes.

The visiting students reciprocated with an invitation to come and spend a Sunday with them.

Sister M. Juanita
Our Lady of Coromoto Hospital, Maracaibo

SOUTH VIETNAM

Building a la Vietnamese

The building of the new wing is now progressing nicely. During the first month, all we had to show for a great deal of hard work was about a dozen big holes in the ground. Construction was held up—first, for lack of materials and then because of a delay in the plans for the iron frame work, which had to come from Saigon. But once those snags were overcome, things began to happen daily — at a snail's pace, no doubt, compared to the U.S., because everything here is done by hand, but

there is progress nonetheless. Much of the heavy labor is done by women coolies, young and healthy looking, colorful in their black pants and bright jackets, always smiling and ready for a little chat. One day I was trying to lift a pan full of cement which had been mixed for the masons and could hardly get it off the ground. Ba Vi came along, all 90 pounds of her, shoved her shoulder under the pole, wiggled her hips and bent her knees a few times, which set the two pans to jiggling, and off she trotted, as unconcerned as if she were carrying a baby.

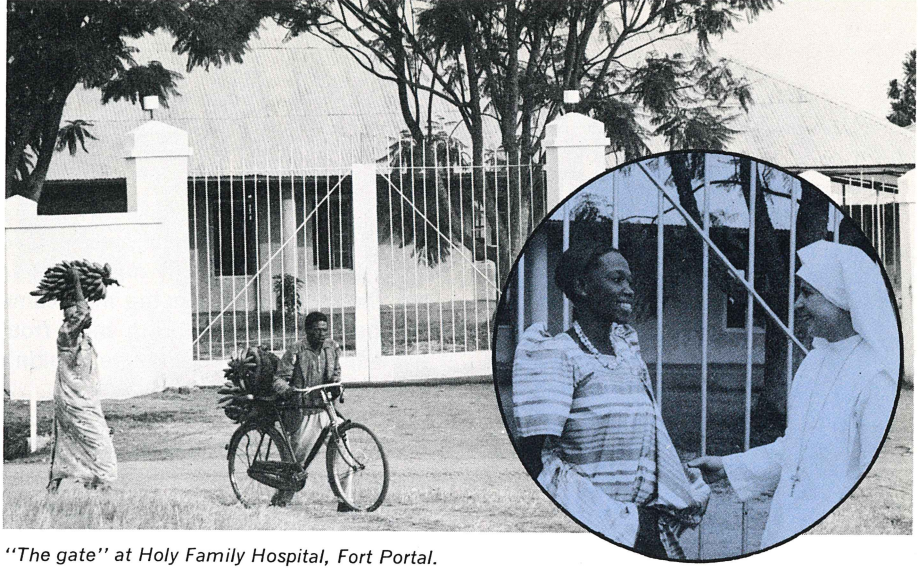
A few days ago we were watching two men tying iron bands around the six rods which will form the pillar at the corner of the wall. One was standing on the shoulders of the other one, who was perched on an empty barrel placed on a few planks, right over a deep hole. There they stood, for ten or fifteen minutes, with the wind whipping through their thin clothes, chatting away while we held our breath and prayed to all the Vietnamese guardian angels, who must be quite used to such things by now. Anyway, nothing happened. The top man jumped off after awhile and the bottom man didn't even rub his shoulders!

But the worst thing was the digging of the well! Apparently, in this country, you can dig a hole any place and water is sure to come up. The men just stuck a spade in the ground and, sure enough, from ten feet below the water began to bubble up. As soon as the hole was about three feet deep, two round sheet metal circles were put down and cement poured between them. This process was repeated as soon as the well had about four feet of muddy water, actually wet mud in it. One man stood in that muck and dug out pail after pail of sand. The sand was then pulled up by two men on the surface. The next day, the man was in the water up to his neck, and we began to worry about him. But he carried on quite happily, except that the three men began to take turns more often. Then, believe it or not, for two days they had to literally *dive* under to get the mud up! When the man came up, he was plastered with mud from head to foot. In the end, we couldn't look any more!

A simple hand pump could have saved all that labor, but the people are not used to such tools and refuse to be bothered with pumps. This is the way they have always done it! No safety measures either, not so much as a rope around the waist. One cave-in of the sand and he's had it! But, again, nothing happened, and the well is already finished except for the coping. What a way to make a living—for fifty cents a day!

Sister M. Elise, M.D.
Holy Family Hospital, Quinhon

Here comes cement for Holy Family Hospital's new wing.



"The gate" at Holy Family Hospital, Fort Portal.

UGANDA

Opening of the Gate

Big news—Holy Family Hospital, Fort Portal, has its gates! Thanks to Father Anthony Weber, C.S.C., who designed the gates and supervised their construction, we were able to celebrate an "opening of the gate" ceremony early in March.

As the Omukama was out of town, Mr. Karuhaga, Treasurer of the Toro Government, was delegated to be his representative. Mr. Karuhaga's task was to cut the ribbon at the gate.

Sister M. Philip had instructed Victor, who was decked out in a new, well-pressed khaki uniform, to open the gate after Mr. Karuhaga had cut the ribbon. Because we had the speakers' table and all the guest chairs inside the gate, I decided to check Victor's instructions with him. We had to be sure he wouldn't step over the speakers. When asked what Sister had asked him to do, he very confidently replied: "After Mr. Karuhaga gives his talk, I take the scissors and cut the ribbon." Needless to say, we decided to take Victor through a quick dress rehearsal!

There were about 150 guests present, an equal distribution of Africans, Asians and Europeans. We had to borrow chairs from the Aga Khan community, and they very graciously gave us not wooden chairs, but chairs with plastic seats, backs and arms. What a pleasant surprise! Their multi-colors made a very attractive arrangement.

We had asked St. Leo's Band to provide the music. They arrived about 3:30 in blue band uniforms with a red stripe down the pants leg. A school in Maine had apparently been re-outfitted and St. Leo's got their used uniforms in A-1 condition. They really looked smart. As the people gathered, they drilled and played outside the gate and then marched in a few minutes before four. As Bishop Vincent McCauley approached to bless the gate, the band asked permission to give a salute which really took us by surprise. Apparently, this is the custom. Everyone arose as cymbals clanged and drums rolled. Without previous instruction, the band struck up as soon as the ribbon was cut. Our Ugandans really do love a ceremony and can be counted on to add that extra touch.

Sister M. deMontfort
Holy Family Hospital, Fort Portal

VENEZUELA

Off To A Good Start

How happy we are to tell you about the starting of one of the clinics. We had begun to fear the whole plan might fall through but, thanks to prayers and the help of God, things have progressed considerably. What makes us doubly glad is that the interest and the initiative is coming from the people themselves.

Tuesday was the clinic's opening day. People donated furniture, even an examining table. A man from the pueblo took a census of the families and we now have everyone's name on record. The people are responsible for making clinical appointments. It is their duty to see that the more seriously ill get priority. On opening day, twenty-two patients were seen and everyone was enthused about the results of the first visit. So far we have 5 doctors, 6 nurses, and 6 secretaries interested in giving a few hours of their time. Quite a bit of sample medicines have already been collected and are now sorted and ready for use. The North American club has pledged a little money monthly for medicines.

On inauguration day, Father Perez, Doctor Garcia, several of the residents, the Sisters, nurses, and secretaries were welcomed to the pueblo by the people. The grown-ups had decorated the area, the children sang songs, and then some speeches were given to explain what we hoped to accomplish. The dispensary is not the only thing the people hope to have. At present, there is no good water, no electricity, and farming is still done according to old methods. With the help of other organizations, we hope that this area will be a model for other small pueblos to get encouragement and enthusiasm to make something out of their pueblo.

Sister M. Timothy
Holy Family Hospital, Caripito

JORDAN

Another View

When our Holy Father announced his intention to visit the Holy Land at the end of the second session of the Vatican Council, the excitement among the people of Jordan was truly wonderful to see. Many of our Moslem friends were first with the news and equipped with the details of the proposed tour.

The spirit of hospitality as expressed by the Jordan Government and His Majesty King Hussein presented many problems to our Catholic hierarchy, both here in Amman and at the Latin Patriarchate in Jerusalem. Numerous offers of hospitality, invitations and generous gifts of brand new cars were pressed upon those responsible for arranging the humble pilgrimage of our illustrious guest! In the Orient one may

YOUR WILL +

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

not refuse these demonstrations of generosity without the serious risk of offending one's host, whose one delight is to shower attentions upon his guest and to express the great honor he feels at being favored with a visit. Add to these sentiments the great dignity of the Sovereign Pontiff himself, the unprecedented nature of his visit and its supreme importance to the peace-seeking world, and you will appreciate the Apostolic Delegate's difficult situation!

Every detail of the arduous itinerary which Pope Paul had set for himself, and many more besides, was carefully fulfilled on this pilgrimage. In spite of the real dangers and acute discomforts occasioned by the constant clamor and pressure of hundreds of eager people determined to get a better view of him, or even to kiss his hands, the Holy Father devoutly visited every sacred shrine, made the stations of the Cross on foot, and was pushed and jostled by the crowds in spite of the valiant efforts of an escort of Jordanian soldiers in striking red and white check kafirs. Despite the piercing cold wind, the Holy Father was often seen grey-faced and glistening with sweat. His arduous journey took him from the Damascus Gate, through the narrow terraced streets, traversable only by mule or donkey or on foot, to the Constantine Basilica which completely encloses Calvary and the Holy Sepulchre.

There were some amusing incidents at the Damascus Gate, the main entrance into the old city of Jerusalem. There is a wide stretch of road in front of the gate normally used as a parking space for cars. His Holiness was scheduled to pass this way. As soon as the Holy Father had passed, the crowds massed in the roadway and converged on the gate with such force that orders were given for the gates to be closed. In the confusion and scramble which followed, the Franciscans relate that their Provincial Superior lost his glasses. When at last he was able to conduct a search for them, he found no less than three pairs of glasses, but none of them were his. One woman lost her shoes in the struggle and, when the gates were finally closed, she discovered that she was on one side and her shoes were on the other. One of the policemen on duty was standing right in the path of the closing door. Solicitous friends pulled from both directions at once with alarming consequences to the policeman. We are not told which side won. However, as one Franciscan was heard to remark after he had picked himself up from the ground, "What can you expect? After all, this is only the second (triumphal) entry into Jerusalem!"

Sister M. Mercia
Amman, Jordan

✝ R.i.p.

Please pray for our deceased benefactors:

Most Rev. Archbishop Daniel J. Gercke, Tucson, Ariz. ✝ Rt. Rev. Msgr. James F. Donovan, Kenmore, N.Y. ✝ Rt. Rev. Msgr. Louis D. O'Day, Rochester, Minn. ✝ Rev. Francis C. Brown, C.S.C., Notre Dame, Ind. ✝ Mother Louise Keyes, R.S.C.J., St. Louis, Mo. ✝ Sister Marie Isabel, Montgomery, S.C., Convent Station, N.J. ✝ Dr. Edward A. Amaral, San Jose, Calif. ✝ Miss Mary T. Ammann, Richmond Heights, Mo. ✝ Mr. Pablo Calang, Philippine Is. (Father of Sr. M. J. Agnes, S.C.M.M.) ✝ Mrs. Pasquale Carusillo, Waterbury, Conn. ✝ Mrs. Marie A. Haislip, Baltimore, Md. ✝ Mr. Martin Heckel, Jamaica, N.Y. ✝ Mr. Thomas J. Jennings, Washington, D.C. ✝ Mrs. Augusta Pfeiffer, Jamaica, N.Y. ✝ Mr. Frank B. Quinn, Erie, Pa. ✝ Mrs. John Rodgers, Sr., Richmond Hill, N.Y. ✝ Mrs. Daniel Salvatore, Kew Gardens, N.Y. ✝ Mr. Howard J. Shaffer, Bay Village, Ohio ✝ Mr. Robert Vance, Queens Village, N.Y. ✝ Mr. Joseph F. Zakrzewski, Philadelphia, Pa.

"It would be good for Europe, good for Latin America, good for the United States, and good for the whole free world if Europe would engage itself more deeply in the Alliance for Progress," Walt W. Rostow, Counselor and Chairman of the State Department's Policy Planning Council, declared recently.

Addressing a businessmen's conference on Latin America at London on March 10, Mr. Rostow pointed out that the economic, cultural, and religious ties between Europe and Latin America have a long history. But, he emphasized, "they could be given new long-run meaning and vitality if, in this critical decade of Latin American transition, Europe were to enter wholeheartedly into the Alliance for Progress."

Mr. Rostow explained that one of the major goals of the Alliance should be to create national markets within the developing countries of the world. He noted that American, European and Japanese private enterprise have "major creative roles" to play in helping to bring about this next stage in the development process.

FOREIGN POLICY BRIEFS, March 16, 1964

Many areas of South Vietnam have a 70 per cent or greater incidence of serious eye diseases, most of which could be corrected by proper care, according to Dr. Elliott B. Hague, Buffalo, N.Y., who recently returned home after serving as a volunteer physician in the Honai Eye Clinic. He reports that there are no more than three ophthalmologists in the metropolitan area of Saigon, with a population of 2,000,000 and probably no more than five in all South Vietnam.

MEDICAL TRIBUNE, January 27, 1964

The Church is not merely the visible community of the faithful who have accepted Christ's message, just as the Buddhist community is the assembly of all those who have grouped themselves around the word of Buddha. The Church as the historical community of the faithful is part of the mystery of the faith itself, for she is the Sacrament of God's presence on earth, that is, the "holy place" where God through the risen Christ and His sanctifying Spirit dwells in our midst and constantly accomplishes His work of salvation. And this work of salvation is, in fact, addressed to all mankind and has even, according to St. Paul, a cosmic significance "that God may be all in all" things (1 Cor. 15, 28).

And God is in all things through the

Word ever incarnate in the Mystical Body "by the instrumentality of historically situated men," whose "cooperation is indispensable" as makers of history in the world.

CROSS CURRENTS, Fall, 1963

"The world is becoming smaller day by day and means of communication among the continents is growing and throwing men of varying nationalities together more and more. Many men travel from one part of the world to another without exchanging a word or even a smile. A revolution of the first importance could be created if people were only allowed to speak to each other and not merely coexist by each other's sides. Our century has discovered interplanetary space, but it has failed to explore the space that separates men from one another. Our century has discovered nuclear energy, but it has failed to discover the energy that creates peace and concord, that can lead to a simple act of love and mutual understanding."

Cardinal Suenens speaking on Pacem In Terris at the U.N. May, 1963

Rajkumari (Princess) Amrit Kaur, former Union Health Minister of India, died in New Delhi on February 6.

Daughter of a Rajah, Amrit Kaur gave up a sheltered life of luxury to follow the late Mohandas Gandhi, serving as his secretary for 16 years. She joined Prime Minister Nehru's cabinet in August 1957 as the only woman in India's cabinet. During her term as Union Health Minister, the life expectancy in India rose from 27 years to 42 years, and there was a tremendous health awakening all over India. Where formerly health conditions had been appalling, Rajkumari Amrit Kaur initiated mass campaigns against Malaria, T.B., and water-borne diseases such as typhoid and dysentery.

Besides her work in the Health Ministry, Amrit Kaur was also connected with many social service organizations, chairman of the Indian Red Cross Society and St. John's Ambulance Association.

"Christianity is joy. The faith is joy. Grace is joy. Remember this, all men, my sons and brothers and friends. Christ is the joy, the true joy of the world.

"It is true that Christian life is austere; it is no stranger to pain and self-denial; it demands penance and sacrifice; it accepts the Cross and, when the time comes, bravely goes out to meet suffering and death.

"But in its essential manifestation Christian life is happiness. Recall the program of life laid down by Christ in the discourses on the beatitudes. You will see that it is substantially positive."

Pope Paul VI, Easter Message, 1964

"There is an immense task incumbent on all men of good will, namely the task of restoring the relations of the human family in truth, in justice, in love and in freedom. This is the most exalted task, for it is the task of bringing true peace in the order established by God.

"Every believer in this world of ours must be a spark of light, a centre of love, a vivifying leaven among his fellow men. And he will be this all the more perfectly the more closely he lives in communion with God in the intimacy of his own soul.

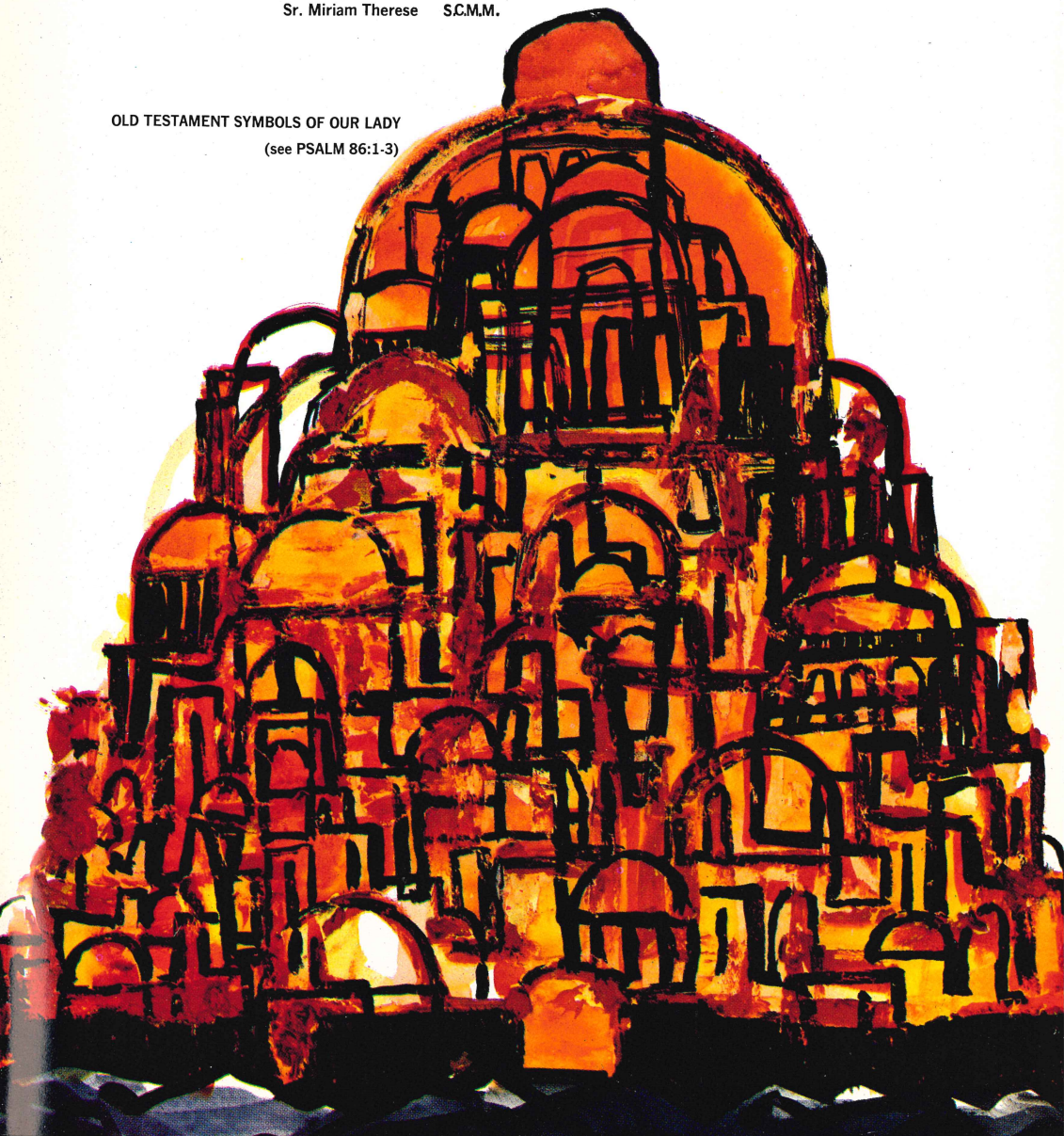
"In fact there can be no peace between men unless there is peace within each one of them, unless, that is, each one builds up within himself the order wished by God."

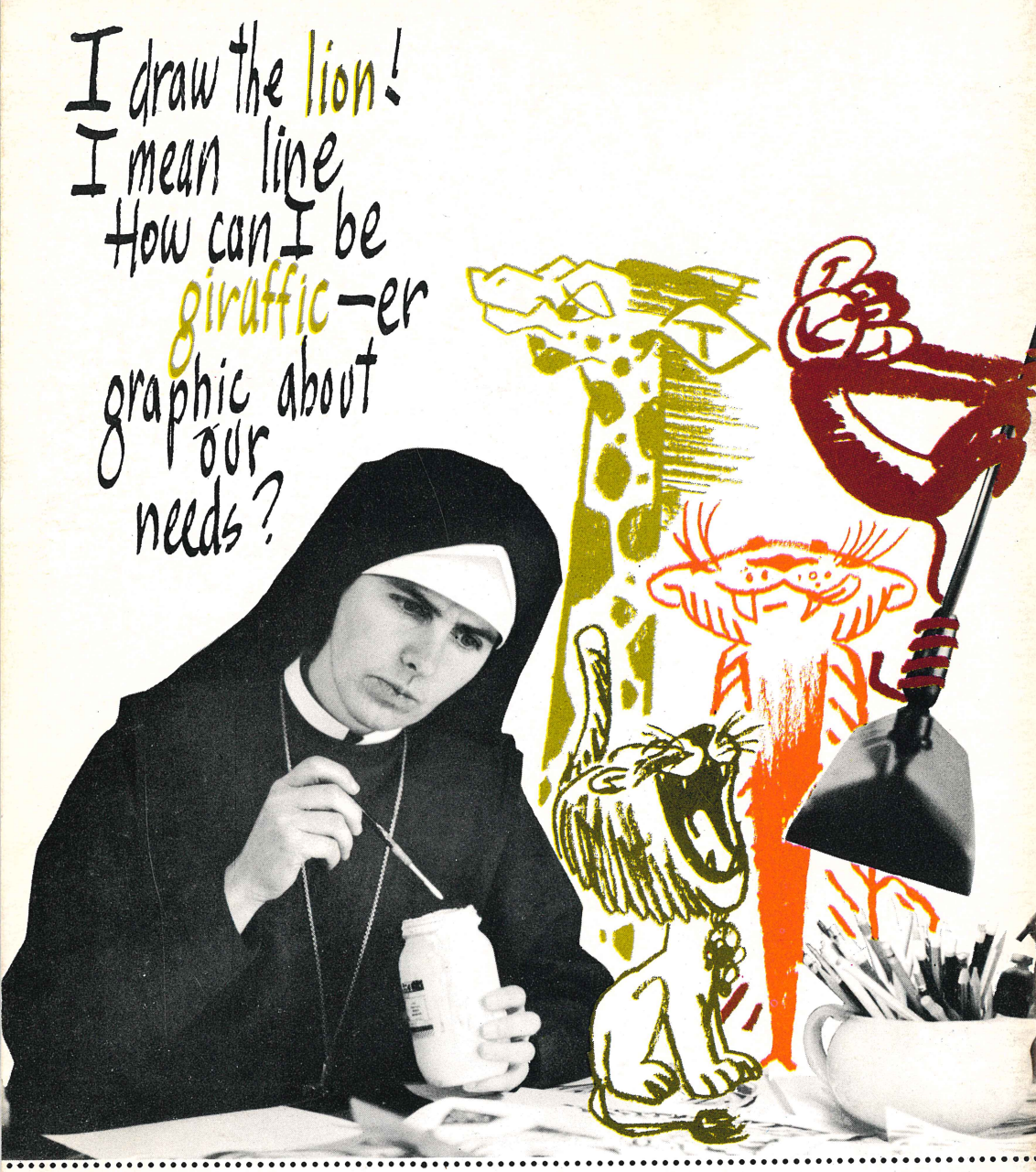
Pope John XXIII From Pacem In Terris.

The summit of the mountain
is GOD'S CITY Sion.
A sign: a stronghold:
My people dwell in peace.
Ramparts ring with laughter.
Great is the One I say shall follow after.
The highest favor God has paid our race
is MARY.
Immovable, a holy place
caught up in an immense
joy, carefree in her innocence
she stands
strong.
Through every age she runs
as bride unblemished bearing many sons.
Mary: the very substance of our song.
Perfection of God's plan:
she marks the spot where God has dwelt with man.

Sr. Miriam Therese S.C.M.M.

OLD TESTAMENT SYMBOLS OF OUR LADY
(see PSALM 86:1-3)





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